

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010782

Entity Name: ALPHA ELITE TRACK CLUB & COMMUNITY OUTREACH, INC.**Current Principal Place of Business:**1757 UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**Current Mailing Address:**1757 UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**FEI Number:** 47-2434063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FACEY, CHRISTOPHER
2240 NW 72 WAY
PEMBROKE PINES, FL 33024 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	COMPTROLLER
Name	WHITE, MONEFA
Address	1030 SW 46TH AVE
City-State-Zip:	POMPANO BEACH FL 33069

Title	SECRETARY
Name	EASY, MICHELLE
Address	3708 SW 52ND AVE
City-State-Zip:	HOLLYWOOD FL 33023

Title	CHAIRMAN
Name	GREEN , OWRAN
Address	8040 NW 27TH COURT
City-State-Zip:	SUNRISE FL 33322

Title	OFFICER
Name	WAITE, LEEFORD
Address	5570 NW 61 ST
City-State-Zip:	COCONUT CREEK FL 33073

Title	TREASURER
Name	FACEY, SHERLY R
Address	2240 NW 72 WAY
City-State-Zip:	PEMBROKE PINES FL 33024

Title	OFFICER
Name	SUTHERLAND, DERRICK
Address	6104 SW 37TH STREET
City-State-Zip:	MIRAMAR FL 33023

Title	DIRECTOR
Name	FACEY , CHRISTOPHER
Address	2240 NW 72ND WAY
City-State-Zip:	PEMBROKE PINES FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONEFA WHITE**COMPTROLLER****04/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date